

NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico

ISSUE DATE: 04/14/90 REVIEWED: 07/31/18 EFFECTIVE DATE: 04/14/90 REVISED: 07/31/15

TITLE: Case Materials Submitted to Reception and Diagnostic

Center

CD-051400

AUTHORITY:

- A. NMSA 1978, Section 31-21-6, as amended.
- B. NMSA 1978, Section 31-21-7 (F), as amended.

REFERENCE:

ACA Standard 4-APPFS-1B-09, Manual of Standards for Adult Probation and Parole Field Services, 4th Edition.

PURPOSE:

To provide offender background information to the New Mexico Corrections Department's (NMCD) institutions to assist in classification, evaluation, and institutional programming. [4-APPFS-1B-09]

APPLICABILITY:

All Probation and Parole Division (PPD) staff, volunteers and interns.

FORMS:

Case Material Packet form (CD-051401.1) (1 page)

DEFINITIONS:

- A. <u>Case Materials</u>: The necessary information or documents needed to classify and evaluate an offender. These shall include Pre-Sentence Reports (PSR), if available, police reports, PPD Violation Reports, court documents, and any other relevant documents that are available to PPD staff.
- B. *PSR*: Pre-Sentence Report.

POLICY:

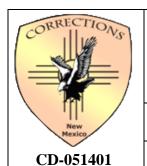
The PPD will provide offender case materials to the Department's institutions in a timely manner to assist in classification, evaluation, and institutional programming.

David Jablonski, Secretary of Corrections

New Mexico Corrections Department

O7/31/18

Date



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Policy CD-051400

PROCEDURES: [4-APPFS-1B-09]

- A. If the Probation and Parole Division prepared a PSR on an offender who is subsequently committed to the custody of the NMCD, or if a probationer supervised by the PPD has his or her probation revoked and subsequently committed to the custody of the NMCD, the PPD District Office shall forward a copy of all case materials with a cover memorandum within the designated timelines as set out below:
 - 1. Diagnostic & Evaluation inmates: five (5) business days.
 - 2. All other inmates: fourteen (14) business days.

Director of Classification Reception and Diagnostic Center Los Lunas Correctional Facility P. O. Drawer 1328 Los Lunas, New Mexico 87031-1328

Or, if the person sentenced is a female, forward to:

Classification
Corrections Corporation of America
New Mexico Women's Correctional Facility
1700 East Old Highway 66
P. O. Box 800
Grants, New Mexico 87020
(505) 287-2941

B. If an offender is committed to the custody of the NMCD and notification has not been provided to the PPD, the Classification Supervisor or Unit Manager of the Reception Diagnostic Center will advise the appropriate PPD District Office and request the case materials be forwarded. The case materials shall be forwarded in accordance with the established time frame above.

The PPD District Office will request all relevant case materials from the appropriate agencies and/or courts within five (5) working days, and will forward the case materials upon receipt.

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David Jablonski, Secretary of Corrections New Mexico Corrections Department $\underline{07/31/18}$

Date

State of New Mexico

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Phone: 505.827.8600 - Fax: 505.827.8220

Jerry Roark Deputy Secretary 505.827.8884

David Jablonski Secretary 505.827.8884



Administrative Services 505.827.8601
Adult Prisons 505.827.8767
Corrections Industries 505.827.8906
General Counsel 505.827.8598
Information Technology 505.827.8713
Probation & Parole 505.827.8393
Office of Recidivism Reduction 505.383.2992
Training Academy 505.827.8900

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CASE MATERIAL PACKET

	Unit	t:	Date:
To:			
RE:	Case #:		
The above referenced inmate has been co- find the following to the above reference	-	3	ed herewith, Please
Pre-Sentence Report Supplemental Report Judgment and Sentence Plea & Disposition, GJI Commitment to the Corrections Dep. Commitment for a 60 Day Diagnosti Probation/Parole Violation Report Police/Offense Report/Criminal Cor	c Evaluation mplaint		
Offender has probation to follow case offender is paroled or finalizes his or her Send complete packet to	number.		
Send complete packet toName	District	Region	
Should you have any questions, please ac	dvise		_
	Contact Telephone Num	ıber	
******ATTEN			
PLEASE ACKNOWLEDGE RECEIPT			
AND FAX A COPY OF THIS SHEET A Fax #:	ATTENTION: To Name:		
Name of person acknowledging receipt of		Title:	